Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>5/18/10</u>	Address:	Outbldg/Barn behind
Case #:	<u>24F31530</u>		221 N. Main St.
County:	KOSCIUSKO		North Webster IN 46555
Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only)		Seizure Location (check all that apply) Residence Hotel/Motel	
	te (only)	✓ Outbuilding✓ Vehicle	☐ Open – No Structure ☐ Other:
Items Four	nd: Location (bedroom, kitchen, open ai	r, etc)	
(check all that apply) Lithium/Ammonia Reaction(s): Open air			
Red Phosphorous/Iodine Reaction(s):			
Flammable Solvents:			
Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s): Open air			
Corrosive Acid: Open air			
Corrosive Base: Open air			
Other (item and location):			
Yes _ No	er age 18 discovered (check one) (number present) port to Child Protective Services	☐ Ephedrin ☐ Retail/M	e Information e/Pseudoephedrine Tracking Log erchant Tip w Enforcement Invest.
This report is to be faxed to the following agencies that serve the location:			
Fire Depart	ment: North Webster FD	Fax: <u>574-834-5668</u>	
Health Dep	artment: Kosciusko Co. HD	Fax: <u>(574)</u> Fax:	
Child Prote	ction Service:		-
For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>DAN TSCHIDA</u> Phone <u>574-546-4900</u>			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.